



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BRYAN L SULLIVAN MD
2500 W WILLIAM CANNON
AUSTIN TX 78745

Carrier's Austin Representative Box

47

MFDR Date Received

JULY 13, 2010

Respondent Name

TASB RISK MGMT FUND

MFDR Tracking Number

M4-10-4700-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Originally our claim was denied for The time limit for filing has expired. After this was denied the first time I submitted our claim and the online clearinghouse's proof of filing from Allscripts; the company we use to file claims electronically. We then again received a denial for The time limit for filing has expired. I then called the insurance company TASB and was told the only proof of timely they accept is fax confirmations or certified mail receipts. Since we have been told by TASB the allow us to file our claims electronically they should accept the electronic information I have provided showing our claim was filed well within their 95 day filing deadline."

Amount in Dispute: \$9,006.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider didn't submit the medical billing timely and without sufficient proof of timely. Also the provider has filed the MDR past the filing deadline."

Response Submitted by: TASB Risk Management Fund, 12007 Research Blvd., Austin, TX 78759-2439

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 10, 2009	29827, 29826, 29824, E0218, L3670	\$9,006.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated January 6, 2010

- 29 – The time limit for filing has expired.
- Note: Computer printouts are not accepted proof of timely filing. Per Rule 133.20 a HCP shall not submit a medical bill later than the 95th day after the date of service for services after 9/1/05. Applies to all lines.
- 219 – Based on extent of injury.
- Note: PLN11 filed for bursitis, right shoulder bone spur, degenerative arthrosis of the acromioclavicular joint. Documentation supports treatment for these disputed conditions.

Explanation of benefits dated February 25, 2010

- 29 – The time limit for filing has expired.
- Note: Computer printouts are not accepted proof of timely filing. Per Rule 133.20 a HCP shall not submit a medical bill later than the 95th day after the date of service for services after 9/1/05. Applies to all lines.
- 219 – Based on extent of injury.
- Note: PLN11 filed for bursitis, right shoulder bone spur, degenerative arthrosis of the acromioclavicular joint. Documentation supports treatment for these disputed conditions.
- 913 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- Note: 02/24/10—Maintain original denial as computer print outs are no accepted as proof of timely filing. Applies to all lines.

Explanation of benefits dated June 7, 2010

- 29 – The time limit for filing has expired.
- Note: Computer printouts are not accepted proof of timely filing. Per Rule 133.20 a HCP shall not submit a medical bill later than the 95th day after the date of service for services after 9/1/05. Applies to all lines.
- 219 – Based on extent of injury.
- Note: PLN11 filed for bursitis, right shoulder bone spur, degenerative arthrosis of the acromioclavicular joint. Documentation supports treatment for these disputed conditions.
- 913 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- Note: 02/24/10—Maintain original denial as computer print outs are no accepted as proof of timely filing. Applies to all lines.

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. ... A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the service in dispute listed on the requestors *Table of Disputed Services* shows July 10, 2009. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on July 13, 2012. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do involve issues identified in §133.307(c)(1), however, the division finds no evidence that the issue has been adjudicated at a Benefit Review Conference. The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Review of the requestor's submitted documentation finds a copy of a facsimile confirmation report to P2P, the requestor's EDI billing agent on August 10, 2009, in support of its position that the medical bills were sent to its billing company; however, no documentation was found to sufficiently support that the medical bill and documents were in turn sent to the carrier by P2P. Consequently, documentation submitted by the requestor in this medical fee dispute does not sufficiently support that the medical bill was submitted timely for the services in dispute.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	December 20, 2012 Date
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.